

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				3		
5				3		
6				1		
7				1		
8				1		
9				1		
10				1		
11			1			
12				1		
13				1		
14				3		
15				1		
16				1		
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49						
50						
TOTAL IND.			3			
TOTAL DEP.				20		
TOTAL CLAIMS				23		

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL CLAIMS						